

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/15/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2014
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NAME OF PROVIDER OR SUPPLIER

BROOKHAVEN MANOR

STREET ADDRESS, CITY, STATE, ZIP CODE

2035 STONEBROOK PLACE
KINGSPORT, TN 37660

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, review of facility investigation, observation, and interview, the facility failed to follow a physician's order related to the administration of medication for one resident (#129) of thirty-six residents reviewed.</p> <p>The findings included:</p> <p>Resident #129 was admitted to the facility on August 26, 2013, with diagnoses including Congestive Heart Failure, Hypertension, and Dementia without Behavioral Issues.</p> <p>Medical record review of the quarterly Minimum Data Set (MDS) dated July 27, 2014, revealed the resident scored a thirteen on the Brief Interview for Mental Status (BIMS), indicating the resident was cognitively intact, and required extensive assistance with activities of daily living.</p> <p>Medical record review of a physician's order dated September 2, 2014, written by the Nurse Practitioner (NP), revealed "...Levaquin (antibiotic) 500 milligrams (mg) QD (everyday) for 7 days..."</p>	F 309	<p>F 309</p> <p>Brookhaven Manor supports the regulation that each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Corrective Action:</p> <p>Resident # 129: Director of Nursing conducted an assessment on 09/08/2014 for the resident and NP was notified. Resident's medication was reordered and administered.</p> <p>Identification of other residents:</p> <p>All residents are identified as having the potential as being affected. Upon review, no other residents were identified as having been affected.</p> <p>Measures to be put into place:</p> <p>Director of Nursing conducted a review of residents' medication administration daily for 3 days beginning 09/09/2014 to verify that the medication was administered as ordered. DON, ADON, Risk Manager and Unit Manager audited medication carts daily for 5 days, beginning this date, to ensure accuracy of medication administration. Licensed nursing staff was in-serviced on medication administration policy on 9/13/2014 by the DON and ADON. This will be communicated to new licensed nursing during orientation.</p>	10/24/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE.

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 80 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER BROOKHAVEN MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 2035 STONEBROOK PLACE KINGSPORT, TN 37660		
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F 309	<p>Continued From page 1</p> <p>Medical record review of a physician's order dated September 4, 2014, written by the NP, revealed "...Rocephin (antibiotic) 1 gram (gm) intramuscular (IM) for 3 days.</p> <p>Medical record review of the MAR revealed the Levaquin was not initiated by the nursing staff as being given to the resident on September 6, 2014, and September 7, 2014. Further review revealed the nursing staff had initiated the Rocephin was given on September 4-6, 2014.</p> <p>Medical record review of a Progress Note written by the NP, dated September 8, 2014, at 2:15 p.m., revealed "...follow up for acute Sinusitis...continues to have left ear pain, cough that is productive...frontal and maxillary pain..." Further review revealed "...upon looking (on the Medication Administration Record - MAR) missing doses of Rocephin and Levaquin both for several days..."</p> <p>Medical record review of a Physician's Order dated September 8, 2014, written by the NP, revealed "...Rocephin 1gm IM for 3 days..."</p> <p>Review of the facility investigation dated September 8, 2014, revealed "...Levaquin not signed out on September 6, 2014, and September 7, 2014, and the medication was still in the cart...Rocephin signed out as given but remained in the cart..."</p> <p>Interview with resident #129 on September 8, 2014, at 3:55 p.m., in the resident's room, revealed "...have an infection...have antibiotic ordered but just does not seem to be getting better..."</p>	F 309	<p>Monitoring:</p> <p>A medication cart audit will be conducted weekly beginning 09/09/2014 for 8 weeks by either/or DON, ADON or Risk Manager to verify compliance. If substantial compliance is achieved after this period, an audit will continue on an ongoing, unannounced random basis each month. Pharmacy consultant will also be utilized to verify accurate medication administration and counts on their scheduled review dates. Results of audits will become a part of the QA/QI process and will be reported as an agenda item on the monthly QA/QI schedule.</p>		

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F 309	Continued From page 2 Interview with the Director of Nursing (DON) on September 9, 2014, at 1:15 p.m., in the 400 Wing Nurses Station, revealed "...I was made aware the medications had not been given to the resident last night...the patient did not receive the Rocephin on September 5-6, 2014...the medication was still in the Medication Cart..." Further interview revealed "...the Levaquin was not given to the patient on September 6, 2014, or September 7, 2014...the medication was still in the Medication Cart..." Continued interview confirmed the facility had failed to follow a physician's order for the medication.	F 309			
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to provide a medical justification for a urinary catheter for one resident (#56) of thirty-six residents reviewed. The findings included: Resident #56 was admitted to the facility on	F 315	F 315 Based on a residents comprehensive assessment, Brookhaven Manor's goal is to ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the residents clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. Corrective Action: Resident #56: On 09/09/2014 the Director of Nursing audited residents chart for supporting diagnosis. Physician was contacted and received order to d/c catheter this date. On 9/10/2014 resident # 56 was reassessed by DON for signs and/or symptoms of urinary retention. Results were negative.	10/24/14	

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F 315	<p>Continued From page 3</p> <p>August 9, 2008, with diagnoses including Dementia without Behavioral Disturbance, Atrial Fibrillation, Coronary Artery Disease, Chronic Obstructive Pulmonary Disease (COPD) and Hypertension.</p> <p>Medical record review of the quarterly Minimum Data Set (MDS) dated July 27, 2014, revealed the resident scored a 15 on the Brief Interview for Mental Status (BIMS), indicating the resident was cognitively intact, required extensive assistance with activities of daily living, and was frequently incontinent of bowel and bladder.</p> <p>Medical record review of a Nurse's Note dated August 22, 2014, at 4:35 p.m., revealed "...resident c/o (complaint of) unable to void...abdomen nondistended, non-tender...Nurse Practitioner (NP) made aware...N.O. (new order) noted to straight cath (catheterize - insert a catheter in the bladder) resident of more than 300 cc (cubic centimeters) out leave foley in place..."</p> <p>Medical record review of a physicians order dated August 22, 2014, revealed "...straight cath resident if greater than 300 ml (milliliters - used interchangeably with cc) leave foley in place..."</p> <p>Medical record review of a Nurse's Note dated August 22, 2014, at 7:00 p.m., revealed "...this nurse inserted foley catheter using sterile technique...resident tolerated procedure well...upon insertion immediate return of 350 milliliters (ml) noted...foley left in place per order..."</p> <p>Medical record review of the Physician's Recapitulation Orders for the month of September 2014, revealed "...16 French bulb</p>	F 315	<p>Identification of other residents:</p> <p>All residents with indwelling catheters were identified as having the potential to being affected.</p> <p>All residents with an indwelling catheter were reviewed by the Director of Nursing. Resident's physician(s) were notified regarding those residents identified with an indwelling catheter in the absence of a supporting diagnosis for determination if catheterization was necessary or to obtain order for discontinuation of catheter.</p> <p>Measures to be put into place:</p> <p>DON in-serviced all licensed staff on reviewing residents indicated for application of an indwelling catheter to ensure a supporting diagnosis is evident for catheter use and is appropriate. This will be communicated to new licensed nursing during orientation.</p> <p>Monitoring:</p> <p>DON and/or ADON will review all new orders for an indwelling Foley catheter to ensure a supporting diagnosis is present and the application of a Foley catheter is appropriate. This process will be on going. Catheter use is discussed and reviewed as one of the quality measure categories at the monthly QA/QI meeting. This measure will continue as an established QA/QI agenda item.</p>	

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F 315	Continued From page 4 indwelling catheter to gravity...may change catheter PRN (as needed)...change drainage bag q (every) 30 days...Urinary Retention..." Observation on September 8, 2014, at 1:00 p.m., and September 9, 2014, at 2:30 p.m., in the resident's room, revealed the resident had a urinary catheter present. Medical record review of a Physician's Verbal Order dated September 9, 2014, with no time, revealed "...d/c (discontinue) foley catheter no supporting diagnosis..." Interview with Licensed Practical Nurse (LPN) #3 on September 9, 2014, at 10:45 a.m., in the 400 Wing Nurse's Station, revealed "...the patient complained of abdominal pain on August 22, 2014, and when the catheter was inserted there was 350 ml of urine in the bag...the foley was left in place..." Further interview revealed "...the resident was incontinent of urine prior to the insertion of the urinary catheter..." Interview with the Director of Nursing (DON) on September 9, 2014, at 10:55 a.m., in the 400 Wing Nurse's Station, revealed "...the catheter was inserted for abdominal distention with immediate return of 350ml of urine in the bag..." Further interview confirmed the facility had failed to provide a medical justification for the continued use of the urinary catheter.	F 315			
F 431 SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all	F 431			

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NAME OF PROVIDER OR SUPPLIER BROOKHAVEN MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 2036 STONEBROOK PLACE KINGSPORT, TN 37680		
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F 431	<p>Continued From page 5.</p> <p>controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and facility policy review, the facility failed to ensure expired medications were not available for use in one of two medication storage refrigerators.</p> <p>The findings included:</p>	F 431	<p>F 431</p> <p>Brookhaven Manor employs or obtains the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that a account of all controlled drugs is maintained and periodically reconciled.</p> <p>Corrective Action:</p> <p>Expired medications, (2) antibiotics were immediately removed and disposed of according to medication destruction standards. The resident for whom the medications were ordered was currently hospitalized and not in danger of receiving the medication when discovered.</p> <p>Identification of other residents: All residents are identified as having the potential as being affected. Upon review, no other residents were identified as having been affected.</p> <p>Measures to be put into place:</p> <p>DON in-serviced 100% of licensed nursing staff on identification and destruction of expired medications on 09/10-12/2014 and 09/15-16/2014. Third shift licensed nursing staff will review their assigned medication refrigerators daily, when refrigerator temperatures are logged, for expired medications. This will be communicated to new licensed nursing during orientation.</p>		10/24/14

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F 431	Continued From page 6 Observation and interview with the Assistant Director of Nursing (ADON) on September 10, 2014, at 9:20 a.m., in the 300-400 hall medication room, revealed a storage refrigerator with one intravenous (IV) solution of Vancomycin (antibiotic) 1250 milligrams (mg) per (l) 250 milliliters (ml) with an expiration date of August 28, 2014, and one IV solution of Vancomycin 1250mg/250ml with an expiration date of August 29, 2014. Interview with the ADON confirmed the IV solutions of Vancomycin were expired and were available for resident use. Review of facility policy, "Medication Storage in the Facility...Storage of Medications" dated June 2011, revealed "...Medications...are stored safely, securely, and properly...outdated...are immediately removed from stock, disposed of according to procedures for medication disposal..."	F 431	Monitoring: DON and/or ADON will ensure medication rooms will be audited daily beginning 09/10/2014 for 5 days per week over a 4 week period to ensure compliance. This process will continue once per week for 8 weeks after this initial period. If substantial compliance is achieved after this period, an audit will continue on an ongoing, unannounced, random basis by the DON, ADON, or Risk Manager on a monthly basis.		
F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective	F 441	F 441 Brookhaven Manor supports the requirement that a facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. Corrective Action: All inappropriate items stored in medication room were immediately removed.		10/24/14

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F 441	<p>Continued From page 7 actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, facility policy review, and interview, the facility failed to store supplies in a sanitary manner in two of two medication rooms.</p> <p>The findings included:</p> <p>Observation and interview on with the Assistant Director of Nursing (ADON) on September 10, 2014, at 9:22 a.m., of the 300-400 hall medication storage room, revealed twelve individual boxes of cigarettes stored in a plastic bag on a shelf next to intravenous (IV) tubing used for administration of medications. Interview with the ADON revealed "...should be in the smoking</p>	F 441	<p>Identification of other residents:</p> <p>No Residents identified in this sample. No residents were identified as having been affected under this tag. No other items were identified as being improperly stored.</p> <p>Measures to be put into place:</p> <p>DON in-serviced 100% of licensed nursing staff on 09/10-12/2014 and 09/15-16/2014 on proper storage of items in medication rooms. Compliance will be maintained by third shift licensed nursing staff who will review their assigned medication rooms daily to ensure no improper storage of items. This will be communicated to new licensed nursing during orientation.</p> <p>Monitoring:</p> <p>DON and/or ADON will ensure medication rooms will be audited daily for 5 days for compliance beginning 09/10/2014. This process will continue once per week for 8 weeks. If substantial compliance is achieved after this period, an audit will continue on an ongoing, unannounced, random basis by either/or DON/ADON, or Risk Manager.</p>	

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F 441	Continued From page 8 cabinet...they shouldn't be in here..." Further Interview confirmed the cigarettes should not be stored with resident supplies. Observation and interview with the ADON on September 10, 2014, at 9:50 a.m., of the 100-200 hall medication storage room, revealed one box of plastic spoons used to administer crushed medications to residents, two plastic sharps containers, one gallon of distilled water, and one package of antipsychotic flow sheets stored under the sink. Interview with the ADON confirmed no items are to be stored under the sink "...nothing should be there..."	F 441		